

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	13	SC3-883	03-06-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      0 ..... Objected

Claim	Date
1	Final
2	Original
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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48	✓
49	✓
50	✓

Claim	Date
51	Final
52	Original
53	✓
54	✓
55	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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10/09/01  
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